# Event Data Set

# Dictionary / Data Submission Guide

# Companion Guide to

# HIPAA (ASC X12 837Prof) Format

**Updates:**

**2/11/2005 -** Added Data Set File layout
    - Added Update page
    - System_Reporting_Date is now part of Data Set Key.  No change needed by Centers since this is a field generated by the Audit program based on the name of the submission file.

**3/21/2005** - Added data field names to each applicable field

**6/16/2005** - Minor corrections to DMHMRS_Modifier_1

**9/16/2005** - add note about the 999.9 limitation for Units-of-service in SV1

# EVENT DATA CONVENTIONS

**Data Element Types**

| Symbol | Type | Comments |
|--------|------|----------|
| AN | String | Any character from basic or extended character set |
| B | Binary | |
| DT | Date | YYMMDD or CCYYMMDD depending on the length of the element |
| ID | Identifier | Value from a predefined table of codes |
| N# | Numeric | # = number of decimal places to right of implied decimal, (-) indicates negative number, length does not include optional sign |
| R | Decimal | Number with explicit decimal point always displayed, (-) indicates negative number, length does not include optional sign |
| TM | Time | HHMM(SSD..D) depending on the length of the element |
| X | String | Specific code such as a record ID (RDMC definition) |

**Requirement Designators**

| Type | Definition | Comments |
|------|-----------|----------|
| M | Mandatory | Required field |
| O | Optional | Field may or may not be present.  If NOT present, the Element Separator is still required |
| X | Relational | Codes in this field are based on the qualifying code in the previous field |

**Recommendations**

- It is **STRONGLY** recommended, but not required, that an asterisk (*) be used as the Data / Field Element Separator, a colon (:) be used as the Component Element Separator, and a tilde (~) be used as the Segment / Record Terminator in the ISA record.
- It is recommend that all time fields always be set to 24 hour clock (2:00pm is 1400) and use only 4 position length (HHMM).  Do not use a colon (:) in the time field, especially if colon is being used as the Component Element Separator.
- Records should have CR/LF following the " ~ " at the end of the record.  Not only does the software behave better with this line break, but it enables RDMC to read the raw data better and zero in on any problems.

**Procedure**

A new program was written in 2004 to edit the HIPAA submission directly into the RDMC database.

**NOTE:**

- Only the HIPAA records that are needed for the Event Data Set are listed in this document (and some needed for ease in following loops and "envelopes").  Additional HIPAA records may be included in the transmission, but RDMC will ignore them.
- An encryption program for the HIPAA format is available under File Management within your Data Upload System web page.  Instructions for this and the other encryption programs is available in the same location. NOTE:  This is NOT a new encryption formula.  It is a program to encrypt the SSNs in the HIPAA format file into the same format as we have been using for years.
- *Highlighted items are fields that are being used by RDMC/DMHMRS*

# Event (Claim File) Data Set File Layout

| Seq | Field Name<br>* = Key field- | Type<br>Size | *Old NFS Field ID* | HIPPA Field ID / loop | Edits | Errors |
|-----|------------------------------|--------------|--------------------|-----------------------|-------|--------|
| 01 | * Region Number | char 2 | *BA0-01* | | From input file ID (pos 1-2), must match valid region else reject entire batch | F |
| 02 | * PAT Control NO (client ID) | char 9 | *CA0-03* | NM109 2010BA | Must match Client table else reject claim | F |
| 03 | * Claim Number | char 6 | | | System generated incremental number set to "00001" at beginning | |
| 04 | * SVC From Date | date | *FA0-03* | DTP03 2400 | Valid date before today else reject service | F |
| 05 | * DMHMRS Modifier 1 | char 2 | *FA0-12* | NTE02 2400 | Must match a valid code; if Prime-Payer = Y, then F – reject service; else G | F/G   A/C |
| 06 | * Provider NO | char 15 | *CA0-28* | NTE02 2400 | Must match Providers table else reject claim (if client status = 2, G error) | F/G   A |
| 07 | * Rendering Professional ID | char 15 | *FA0-23* | NTE02 2400 | May be "999999" or must match HR table else set to 15 zeros | G   A |
| 08 | * Place of SVC | char 2 | *FA0-07* | SV105 2400 | Must match a valid code else set to "98" | G   A/C |
| 09 | * System Reporting Date | date | | | From input file ID (pos 3-6 – mm/01/yy), must be before today else reject batch | F |
| 10 | Claim ID Number | char 6 | *CA0-29* | | (Not used) Set to "000000" | G |
| ~~11~~ | ~~Last Name~~ | ~~char 20~~ | *~~CA0 04~~* | | ~~(not used) Set to blank~~ | |
| ~~12~~ | ~~First Name~~ | ~~char 12~~ | *~~CA0-05~~* | | ~~(not used) Set to blank~~ | |
| ~~13~~ | ~~Date of Birth~~ | ~~date~~ | *~~CA0 08~~* | | ~~(not used) Set to "99999998"~~ | |
| ~~14~~ | ~~Sex~~ | ~~char 1~~ | *~~CA0 09~~* | | ~~(not used) Set to "8"~~ | |
| ~~15~~ | ~~Claim Filing Ind 1~~ | ~~char 1~~ | *~~DA0-04~~* | | ~~(not used) no edit~~ | |
| 16 | * Source of Pay 1 (Prime Payer) | char 1 | *DA0-05* | SBR09 / NTE02 2000B / 2400 | Must match a valid code else reject claim | F |
| ~~17~~ | ~~Claim Filing Ind 2~~ | ~~char 1~~ | *~~DA0 04~~* | | ~~(not used) no edit~~ | |
| ~~18~~ | ~~Source of Pay 2~~ | ~~char 1~~ | *~~DA0 05~~* | | ~~(not used) Set to blank~~ | ~~F~~ |
| ~~19~~ | ~~Claim Filing Ind 3~~ | ~~char 1~~ | *~~DA0-04~~* | | ~~(not used) no edit~~ | |
| ~~20~~ | ~~Source of Pay 3~~ | ~~char 1~~ | *~~DA0 05~~* | | ~~(not used) Set to blank~~ | ~~F~~ |

| # | Field Name | Type | Ref | Segment | Edit Rule | | |
|---|---|---|---|---|---|---|---|
| 21 | Admission Date | date | *EA0-26* | DTP03 2300 | Before today; may be blank if client status 2 else set to "00000000" | G | A |
| 22 | Discharge Date | date | *EA0-27* | DTP03 2300 | May be blank or must be valid date else set to "00000000" | G | A |
| 23 | Diagnosis Code 1 | char 5 | *EA0-30* | HI01(2) 2300 | Must match ICD-9 table else set to "00000" | G | A |
| 24 | Diagnosis Code 2 | char 5 | *EA0-31* | HI02(2) 2300 | May be blank or must match ICD-9 table else set to "00000" | G | A |
| 25 | Diagnosis Code 3 | char 5 | *EA0-32* | HI03(2) 2300 | May be blank or must match ICD-9 table else set to "00000" | G | A |
| 26 | Diagnosis Code 4 | char 5 | *EA0-33* | HI04(2) 2300 | May be blank or must match ICD-9 table else set to "00000" | G | A |
| 27 | Special Program IND | char 2 | *EA0-41* | NTE02 2400 | Must match a valid code else set to "98" | G | A/C |
| ~~28~~ | ~~Line Item Control NO~~ | ~~char 17~~ | *~~FA0-04~~* | | ~~No edit – Set to blank~~ | | |
| 29 | SVC To Date | date | *FA0-06* | DTP03 2400 | May be blank or before today and after Svc from else set to "00000000" | G | A |
| 30 | HCPCS Procedure Code | char 5 | *FA0-09* | SV101(2) 2400 | If Prime-Payer = "Y" may be blank or match DMHMRS-Modifier or match CPT code // If Prime-Payer = "D" must be valid Medicaid code // If Prime_Payer other than D/Y, must match CPT code, else set to "99998" | G | A |
| ~~31~~ | ~~HCPCS Modifier 1~~ | ~~char 2~~ | *~~FA0-10~~* | | ~~(not used) no edit~~ | | |
| ~~32~~ | ~~HCPCS Modifier 2~~ | ~~char 2~~ | *~~FA0-11~~* | | ~~(not used) no edit~~ | | |
| ~~33~~ | ~~Line Charges~~ | ~~num 7~~ | *~~FA0-13~~* | ~~SV102 2400~~ | ~~(not used) Must be numeric else set to "0000000"~~ | | |
| ~~34~~ | ~~Diag Code Pointer 1~~ | ~~char 1~~ | *~~FA0-14~~* | ~~SV107(1) 2400~~ | ~~(not used) Must be 1/2/3/4 else set to "8"~~ | ~~G~~ | ~~A/C~~ |
| ~~35~~ | ~~Diag Code Pointer 2~~ | ~~char 1~~ | *~~FA0-15~~* | ~~SV107(2) 2400~~ | ~~(not used) May be blank or 1/2/3/4 else set to "8"~~ | ~~G~~ | ~~A~~ |
| ~~36~~ | ~~Diag Code Pointer 3~~ | ~~char 1~~ | *~~FA0-16~~* | ~~SV107(3) 2400~~ | ~~(not used) May be blank or 1/2/3/4 else set to "8"~~ | ~~G~~ | ~~A~~ |
| ~~37~~ | ~~Diag Code Pointer 4~~ | ~~char 1~~ | *~~FA0-17~~* | ~~SV107(4) 2400~~ | ~~(not used) May be blank or 1/2/3/4 else set to "8"~~ | ~~G~~ | ~~A~~ |
| 38 | Units of SVC | num 4 | *FA0-18* | SV104 2400 | Must be numeric else set to "0000" | G | A/C |
| ~~39~~ | ~~Referring Professional ID~~ | ~~char 15~~ | *~~FA0-24~~* | | ~~(not used) no edit~~ | | |
| ~~40~~ | ~~DMHMRS Modifier 2~~ | ~~char 2~~ | *~~FA0-36~~* | ~~NTE02 2400~~ | ~~(not used) Must match a valid code else set to "98"~~ | ~~G~~ | ~~A/C~~ |

3/21/05 version

| 41 | ~~Medicaid ID NO~~ | ~~char 25~~ | ~~DA0 28~~ | ~~SBR03 2000B~~ | ~~(no longer required) If Prime Payer = "D" may not be blank, may be anything else set to blanks~~ | ~~G~~ | ~~A~~ |
|----|----|----|----|----|----|----|----|
| ~~42~~ | ~~DA0 Filler Local~~ | ~~char 5~~ | | | ~~no edit~~ | | |
| 43 | Insure Type Code | char 2 | DA0-06 | NTE02 2400 | If Prime-Payer = "D" must match valid code If Prime-Payer = "Y" must be 01 or OT or 99 otherwise anything else set to "98" | G | A |

"Missing Clients" are Client_IDs that are not found in the Client table
"Rejected Claims" are from Missing clients or records out of order
"Rejected Services" are from invalid SVC_from_date or invalid Source_of_pay_1

Note:  Input records completely replace existing records for matching Year, Month.

Under the Error column;
 F = Fatal error - field vital to record, entire record rejected, no further edit checks are performed
 G = General error - invalid value, data recorded for reporting purposes, value changed to Unknown / Not Collected code
  NOTE: NOT counted in completeness accumulation
 P = Possible problem - value in this field should be reviewed as it is outside normal bounds or is in conflict with another field
 A = Accuracy - this field checked for accurate values
 C = Completeness - this field checked against Unknown / Not Collected code

NOTES:
If Fatal Records / Total Records > 5%, then Acceptance = FAIL
or
If Rejected Claims / Total Claims > 5%, then Acceptance = FAIL
or
If Rejected Services / Total Services > 5%, then Acceptance = FAIL
or
If total unacceptable fields / total acceptable fields > 5%, then Acceptance = FAIL

If the number of incomplete values / total acceptable values > 5% for ANY of the fields considered for Completeness, then Completeness = FAIL

If submission received after the end of the month following the month for which the data applies, then Timeliness = FAIL

**Section: ISA** – Interchange Control Header
This record is a fixed length record of 106 bytes.
- NOTE: 106 bytes includes the Data / Field Element Separator (position #4), Component Element Separator (position #105), and the Segment / Record Terminator (position #106). These delimiter characters may NOT be used anywhere else in the entire transaction data set.
- It is **STRONGLY** recommended, but not required, that an asterisk (*) be used as the Data / Field Element Separator, a colon (:) be used as the Component Element Separator, and a tilde (~) be used as the Segment / Record Terminator. For consistency, these are the delimiters used in this guide.

Only once per submission; additional ISA records will be ignored

| HIPAA/NSF Reference Designator | Data Element Name | Requirement Designator | Type | Min/ Max Length | Comments | 106 bytes |
|---|---|---|---|---|---|---|
| | Record ID | M | X | 3/3 | "ISA" | 1-3 |
| | *Element Separator* | M | X | 1 | Delimiter used to separate elements | 4 |
| ISA01 | Authorization Info Qualifier | M | ID | 2/2 | 00 = no meaningful information in ISA02 | 5-6 |
| ISA02 | Authorization Information | M | AN | 10/10 | | 8-17 |
| ISA03 | Security Info Qualifier | M | ID | 2/2 | use "00" = no meaningful information in ISA04 01 = password in ISA04 | 19-20 |
| ISA04 | Security Information | M | AN | 10/10 | | 22-31 |
| ISA05 | Interchange ID Qualifier | M | ID | 2/2 | mutually defined code in I06 for Sender (use "30") | 33-34 |
| ISA06 / AA0-2 | Interchange Sender ID | M | AN | 15/15 | Sender ID (use ETIN) | 36-50 |
| ISA07 | Interchange ID Qualifier | M | ID | 2/2 | mutually defined code in ISA08 for Receiver (use "30") | 52-53 |
| ISA08 / AA0-17 | Interchange Receiver ID | M | AN | 15/15 | Receiver ID (use "616001218") | 55-69 |
| ISA09 / AA0-15 | Interchange Date | M | DT | 6/6 | YYMMDD (use date of submission) | 71-76 |
| ISA10 / AA0-16 | Interchange Time | M | TM | 4/4 | HHMM (use time of submission - not edited) | 78-81 |
| ISA11 | ~~Repetition Separator~~ Inter Cntl Std ID | M | X | 1/1 | Interchange Control Standards ID (use "U") | 83 |
| ISA12 | Interchange Control Version Number | M | ID | 5/5 | use "00401"= Version 4, release 1 | 85-89 |
| ISA13 | Interchange Control Number | M | N0 | 9/9 | Must match IEA02 | 91-99 |
| ISA14 | Acknowledgement Requested | M | ID | 1/1 | use "1" = interchange acknowledgement requested 0 = no acknowledgement requested | 101 |
| ISA15 / AA0-21 | Usage Indicator | M | ID | 1/1 | use P = production data T = test data | 103 |
| ISA16 | *Component Element Separator* | M | X | 1/1 | delimiter used to separate 'records' | 105 |
| | *Segment / Record Terminator* | M | X | 1/1 | delimiter used to indicate the end of a record | 106 |

Example:
ISA*00*      *00*      *30*610123456    *30*616001218    *020831*1000 *con't*
*U*00401*150207010*1*P*:~

**Section – GS** - Functional Group Header
Only once per submission; additional GS records will be ignored

| HIPAA/NSF Reference Designator | Data Element Name | Requirement Designator | Type | Min/ Max Length | Comments |
|---|---|---|---|---|---|
| | Record ID | M | X | 2/2 | "GS" |
| | Element Separator | M | X | 1/1 | must match character in col 4 of ISA |
| GS01 | Functional ID Code | M | AN | 2/2 | use "HC" = 837 format |
| GS02 / AA0-2 | Application Sender's Code | M | AN | 2/15 | Must match ISA06 (which is a 15 character field) |
| GS03 / AA0-17 | Application Receiver's Code | M | AN | 2/15 | Must match ISA08 (which is a 15 character field) |
| GS04 / AA0-15 | Date | M | DT | 8/8 | CCYYMMDD – may be the same as ISA09 **with** century |
| GS05 / AA0-16 | Time | M | TM | 4/8 | HHMM(SSDD) – may be the same as ISA10 |
| GS06 | Group Control Number | M | N0 | 1/9 | must match GE02 |
| GS07 | Responsible Agency Code | M | ID | 1/2 | X = X12 used in conjunction with GS08 |
| GS08 | Version/Release/Industry ID Code | M | AN | 1/12 | use "004010X098" = version 4, release 1, ASC X12 |
| | Segment / Record Terminator | M | X | 1/1 | Must match character in col 106 of ISA |

Example:
GS*HC*610123456    *616001218    *20020831*1000*X*00401X098~
NOTE: ISA06 & 08 MUST be 15 positions long; GS02 & 03 should match the ISA06 & 08, but blanks may be dropped

**Section – ST** - Transaction Set Header
    While the HIPAA developers recommend that users include no more than 5,000 Claim (CLM) records within a ST – SE "envelope"., RDMC should be able to handle any number sent.
There is no limit as to the number of ST – SE envelopes that may be included within a GS - GE envelope.

| HIPAA/NSF Reference Designator | Data Element Name | Requirement Designator | Type | Min/ Max Length | Comments |
|---|---|---|---|---|---|
| | Record ID | M | X | 2/2 | "ST" |
| | Element Separator | M | X | 1/1 | must match character in col 4 of ISA |
| ST01 | Transaction Set ID Code | M | ID | 3/3 | use "837" = health claim defines the type of transaction |
| ST02 / AA0-5 | Transaction Set Control Number | M | AN | 4/9 | must match SE02 |
| ST03 | Not used by RDMC | | | | |
| | Segment / Record Terminator | M | X | 1/1 | Must match character in col 106 of ISA |

Example:
ST*837*0001~

**Section – NM1** – Submitter Name  -  loop 1000A
Once for each BHT record;
**Not used / ignored by RDMC/DMHMRS**

| HIPAA/NSF Reference Designator | Data Element Name | Requirement Designator | Type | Min/ Max Length | Comments |
|---|---|---|---|---|---|
| | Record ID | M | X | 3/3 | "NM1" |
| | Element Separator | M | X | 1/1 | must match character in col 4 of ISA |
| NM101 | Entity ID Code | M | ID | 2/3 | use "41" = Sender |
| NM102 | Entity Type Qualifier | M | ID | 1/1 | use "2" = non-person |
| NM103 / AA0-6 | Organization Name | O | AN | 1/35 | Sender name (use name of your region) |
| NM104 | Not Used | | | | |
| NM105 | Not Used | | | | |
| NM106 | Not Used | | | | |
| NM107 | Not Used | | | | |
| NM108 | ID Code Qualifier | X | ID | 1/2 | use "46" = ETIN |
| NM109 / BA0-2 | ID Code | X | AN | 2/80 | Use your Employer / Tax ID number |
| | Segment / Record Terminator | M | X | 1/1 | Must match character in col 106 of ISA |

Example:
NM1*41*2*BLUEGRASS*****46*610123456~
NOTE:  Region number will be taken from the identification of the input file


**Section – PER** – Contact Person's Name  -  loop 1000A
One is required, may have two.
**Not used / ignored by RDMC/DMHMRS**

| HIPAA/NSF Reference Designator | Data Element Name | Requirement Designator | Type | Min/ Max Length | Comments |
|---|---|---|---|---|---|
| | Record ID | M | X | 3/3 | "NM1" |
| | Element Separator | M | X | 1/1 | must match character in col 4 of ISA |
| PER01 | Contact Function Code | M | ID | 2/2 | "IC" = Information Contact |
| PER02 / AA0-13 | Sender Contact Name | O | AN | 1/60 | Name of person responsible for sending data |
| PER03 | Communication Number Qualifier | X | ID | 2/2 | Method of communication access – "TE" = Phone # |
| PER04 / AA0-14 | Communication Number | X | AN | 1/80 | Communication Number |
| PER05 | Communication Number Qualifier | X | ID | 2/2 | Method of communication access – "EX" = Phone extension # |
| PER06 | Communication Number | X | AN | 1/80 | Communication Number |
| PER07 | Communication Number Qualifier | X | ID | 2/2 | Method of communication access – "EM" = e-mail address |
| PER08 | Communication Number | X | AN | 1/80 | Communication 'Number' |
| | Segment / Record Terminator | M | X | 1/1 | Must match character in col 106 of ISA |

Example:
PER*IC*Jon A. Dough*TE*8595551212*EX*12*EM*jadough@region.com~

**Section – HL** – Hierarchical Level  -  loop 2000A  -  Billing / Pay-To Provider (Region)
One for each iteration of loop 2000A; - loop 2000A may occur as often as needed
**Not used / ignored by RDMC/DMHMRS**

| HIPAA/NSF Reference Designator | Data Element Name | Requirement Designator | Type | Min/ Max Length | Comments |
|---|---|---|---|---|---|
| | Record ID | M | X | 2/2 | "HL" |
| | Element Separator | M | X | 1/1 | must match character in col 4 of ISA |
| HL01 | Hierarchical ID # | M | AN | 1/12 | Start with 1 and increment by 1 each time HL is used |
| HL02 | Not used | | | | Not used when HL01 = 1 |
| HL03 | Level Code | M | ID | 1/2 | use "20" = Information Source |
| HL04 | Child Code | O | ID | 1/1 | "0" = no subordinate levels; "1" = additional subordinate HL data segments |
| | Segment / Record Terminator | M | X | 1/1 | Must match character in col 106 of ISA |

Example:
HL*1**20*0~


loop 2000B may occur as many times as needed

**Section – HL** – Hierarchical Level  -  loop 2000B
Once per loop;
**Not used / ignored by RDMC/DMHMRS**

| HIPAA/NSF Reference Designator | Data Element Name | Requirement Designator | Type | Min/ Max Length | Comments |
|---|---|---|---|---|---|
| | Record ID | M | X | 2/2 | "HL" |
| | Element Separator | M | X | 1/1 | must match character in col 4 of ISA |
| HL01 | Hierarchical ID # | M | AN | 1/12 | start with 1 and increment by 1 each time HL is used |
| HL02 | Hierarchical Parent ID # | O | AN | 1/12 | The hierarchical ID number this HL record is subordinate to |
| HL03 | Level Code | M | ID | 1/2 | use "22" = Subscriber |
| HL04 | Child Code | O | ID | 1/1 | "0" = no subordinate levels; "1" = additional subordinate HL data segments |
| | Segment / Record Terminator | M | X | 1/1 | Must match character in col 106 of ISA |

Example:
HL*2*1*22*0~

**Section – SBR** – Subscriber Information  -  loop 2000B  -  "Payer"
Once for each HL record

| HIPAA/NSF Reference Designator | Data Element Name | Requirement Designator | Type | Min/ Max Length | Comments |
|---|---|---|---|---|---|
| | Record ID | M | X | 3/3 | "SBR" |
| | Element Separator | M | X | 1/1 | must match character in col 4 of ISA |
| SBR01 | Payer Responsibility Sequence ID | M | ID | 1/1 | use "P" = primary or "S" = secondary or "T" = tertiary |
| SBR02 | Patients Relationship to Insured | O | ID | 2/2 | use "18" = self |
| SBR03 / DA0-28 | ~~Insurance Policy or Group ID~~ Not Used | O | AN | 1/30 | Medicaid ID #  (no longer required per JCIC meeting of 7/21/2004) |
| SBR04 | Not used | | | | |
| SBR05 / DA0-6 | ~~Insurance Type Code~~ Not used | | | | will use the NTE02 code until HIPAA establishes a valid cross-reference |
| SBR06 | Not used | | | | |
| SBR07 | Not used | | | | |
| SBR08 | Not used | | | | |
| SBR09 / **_DA0-5_** | **_Payer (Source of Pay)_** | O | ID | 1/2 | see cross-reference below (only one Payer accepted per JCIC meeting of 7/21/2004) |
| | Segment / Record Terminator | M | X | 1/1 | Must match character in col 106 of ISA |

Example:
SBR*P*18*254******ZZ~


**SBR03 (DA0-28).  Medicaid ID Number**
              Data field name - Medicaid_ID_No

**Description:**          The Medicaid identifying number.
**Required?:**          No, however, if the data is entered, it will be retained
**Error Action:**          None, field not required


**SBR09 (DA0-05).  Source of Pay (Payer)**
              Data field name: Source_of_Pay_1
              NOTE: Source of Pay 2 and 3 are no longer required

**Description:**          The HIPAA code identifying the payment source (Payer) for this claim
**Required?:**          Yes
**Error Action:**          General error reported and field set to "8"


**Valid Codes:**       **HIPAA**       **(NSF)**       **Description**

              09          A          SELF PAY
              WC          B          WORKER'S COMPENSATION
              MB          C          MEDICARE
              MC          D          MEDICAID
              OF          E          OTHER FEDERAL PROGRAM
              CI          F          COMMERCIAL INSURANCE COMPANY
              BL          G          BLUE CROSS / BLUE SHIELD
              CH          H          CHAMPUS
              HM          I          HMO
                          ~~J~~          ~~FEDERAL EMPLOYEE'S PROGRAM (FEP)~~
              10          K          CENTRAL CERTIFICATION
                          ~~L~~          ~~SELF ADMINISTERED~~
                          ~~M~~          ~~FAMILY or FRIENDS~~
                          ~~N~~          ~~MANAGED CARE - NON-HMO~~

```
BL       P       BLUE CROSS
TV       T       TITLE V
VA       V       VETERANS' ADMINISTRATION PLAN
12       X       PPO
*        Y       DMHMRS
ZZ       Z       OTHER
         8       Not Applicable / Unknown / Not Collected
```

indicated by a "1" in column 1 of NTE02

**Section – NM1** – Subscriber / Insured Name  -  loop 2010BA
Once for each HL record

| HIPAA/NSF Reference Designator | Data Element Name | Requirement Designator | Type | Min/ Max Length | Comments |
|---|---|---|---|---|---|
| | Record ID | M | X | 3/3 | "NM1" |
| | Element Separator | M | X | 1/1 | must match character in col 4 of ISA |
| NM101 | Entity ID Code | M | ID | 2/3 | use "IL" = Insured or Subscriber |
| NM102 | Entity Type Qualifier | M | ID | 1/1 | use "1" = person |
| NM103 | Last Name | M | AN | 1/35 | something is required |
| NM104 | First Name | M | AN | 1/35 | something is required |
| NM105 | Not Used | | | | |
| NM106 | Not Used | | | | |
| NM107 | Not Used | | | | |
| NM108 | ID Code Qualifier | X | ID | 1/2 | use "MI" = Member's ID # |
| NM109 / *CA0-3 & DA0-3 & EA0-3 & FA0-3* | ID Code | X | AN | 2/80 | ***Member's Encrypted SSN #*** |
| | Segment / Record Terminator | M | X | 1/1 | Must match character in col 106 of ISA |

Example:
NM1*IL*1*A*B****MI*G12X3L789~


**NM109 (CA0-03/DA0-03/EA0-03/FA0-03).  Patient Control Number / Client ID Number**
                    Data field name - Pat_Control_No

**Description:**        Identifies client to the database using a unique identifier.  This is the encrypted SSN using the
                    established encryption methodology.  See Client ID Encryption Protocol.
**Required?:**        Yes
**Error Action:**      Fatal, Reject claim

**Valid Codes:**       Must match Client ID in Client Data Set and CLM01.

**Section – CLM** – Claim Information  -  loop 2300
May have up to 100 Claim (CLM) records within each 2300 loop.

| HIPAA/NSF Reference Designator | Data Element Name | Requirement Designator | Type | Min/ Max Length | Comments |
|---|---|---|---|---|---|
| | Record ID | M | X | 3/3 | "CLM" |
| | Element Separator | M | X | 1/1 | must match character in col 4 of ISA |
| CLM01 / **EA0-3** | Claim Submitter's (Client's) ID | M | AN | 1/38 | **Member's Encrypted SSN #** |
| CLM02 / XA0-12 | Total Claim Charges | O | R | 1/18 | This format MUST include the decimal. NOTE: this field is not required |
| CLM03-4 | Not used | | | | |
| CLM05 | Not used Place of Service | M | AN | 1/2 | NOTE: this field is NOT used.  SV105 will be used for each service record |
| CLM06-20 | Not used | | | | |
| | Segment / Record Terminator | M | X | 1/1 | Must match character in col 106 of ISA |

Example:
CLM*G12X3L789~

## CLM01 (EA0-03).  Patient Control Number / Client ID Number
                           Data field name - Pat_Control_No

**Description:**          Identifies client to the database using a unique identifier.  This is the encrypted SSN using the established encryption methodology.  See Client ID Encryption Protocol.
**Required?:**           Yes
**Error Action:**        Fatal, Reject claim

**Valid Codes:**         Must match Client ID in Client Data Set and NM109.


**Section – DTP** – Admission Date  -  loop 2300
**No longer considered necessary for DMHMRS**

| HIPAA/NSF Reference Designator | Data Element Name | Requirement Designator | Type | Min/ Max Length | Comments |
|---|---|---|---|---|---|
| | Record ID | M | X | 3/3 | "DTP" |
| | Element Separator | M | X | 1/1 | must match character in col 4 of ISA |
| DTP01 | Date/Time Qualifier | M | ID | 3/3 | "435" = admission |
| DTP02 | Date/Time Format Qualifier | M | ID | 2/3 | "D8" |
| DTP03 / **EA0-26** | **Admission Date** | O | AN | 1/35 | YYYYMMDD format |
| | Segment / Record Terminator | M | X | 1/1 | Must match character in col 106 of ISA |

Example:
DTP*435*D8*20020531~

## DTP03 (EA0-26).  Admission Date
                           Data field name - Admission_Date

**Description:**          Date when the client receives first direct service of this episode.
**Required?:**           ~~Yes~~ No per JCIC meeting of 7/21/2004, but the date will be retained if entered and valid
**Error Action:**        This field may be left blank.

**Valid Codes:**         Any date in the format YYYYMMDD.  Must be less than or equal to submission date.

**Section – DTP** – Discharge Date  -  loop 2300
**No longer considered necessary for DMHMRS**

| HIPAA/NSF Reference Designator | Data Element Name | Requirement Designator | Type | Min/ Max Length | Comments |
|---|---|---|---|---|---|
| | Record ID | M | X | 3/3 | "DTP" |
| | Element Separator | M | X | 1/1 | must match character in col 4 of ISA |
| DTP01 | Date/Time Qualifier | M | ID | 3/3 | "096" = discharge |
| DTP02 | Date/Time Format Qualifier | M | ID | 2/3 | "D8" |
| DTP03 / EA0-27 | ~~Discharge Date~~  This field no longer used by RDMC / DMHMRS | O | AN | 1/35 | YYYYMMDD format |
| | Segment / Record Terminator | M | X | 1/1 | Must match character in col 106 of ISA |

Example:
DTP*096*D8*20020601~


## DTP03 (EA0-27).  Discharge Date
Data field name - Discharge_Date

**Description:**        Date when the client receives the last direct service of this episode.
**Required?:**         No, but the date will be retained if entered and valid
**Error Action:**      This field may be left blank.

**Valid Codes:**       Any date in the format YYYYMMDD.  Must be less than or equal to submission date.


**Section – HI** – Health Care Information  -  loop 2300
one required for each CLM

| HIPAA/NSF Reference Designator | Data Element Name | Requirement Designator | Type | Min/ Max Length | Comments |
|---|---|---|---|---|---|
| | Record ID | M | X | 2/2 | "HI" |
| | Element Separator | M | X | 1/1 | must match character in col 4 of ISA |
| HI01(1) | Code List Qualifier | M | ID | 1/3 | use "BK" = Principal diagnosis |
| HI01(2) / *EA0-30* | *Diagnosis Code 1* | M | AN | 1/30 | Valid ICD-9 diagnosis code, decimal may be included |
| HI02(1) | Code List Qualifier | M | ID | 1/3 | use "BF" = Additional diagnosis |
| HI02(2) / *EA0-31* | *Diagnosis Code 2* | M | AN | 1/30 | if needed, valid ICD-9 diagnosis code, decimal may be included |
| HI03(1) | Code List Qualifier | M | ID | 1/3 | use "BF" = Additional diagnosis |
| HI03(2) / *EA0-32* | *Diagnosis Code 3* | M | AN | 1/30 | if needed, valid ICD-9 diagnosis code, decimal may be included |
| HI04(1) | Code List Qualifier | M | ID | 1/3 | use "BF" = Additional diagnosis |
| HI04(2) / *EA0-33* | *Diagnosis Code 4* | M | AN | 1/30 | if needed, valid ICD-9 diagnosis code, decimal may be included |
| | Segment / Record Terminator | M | X | 1/1 | Must match character in col 106 of ISA |

Example:
HI*BK:79999*BF:30001~

**HI01(2) (EA0-30).  Diagnosis Code-1**
>               Data field name - Diagnosis_Code_1

| | |
|---|---|
| **Description:** | An ICD-9 Diagnosis Code identifying a diagnosed medical condition resulting in a service. |
| **Required?:** | No |
| **Error Action:** | Blank or invalid code generates a General Error, Code set to "00000" in database. |

**Valid Codes:**        A valid ICD-9 code.  Decimal points may be included.

**HI02(2) (EA0-31).  Diagnosis Code-2**
>               Data field name - Diagnosis_Code_2

**HI03(2) (EA0-32).  Diagnosis Code-3**
>               Data field name - Diagnosis_Code_3

**HI04(2) (EA0-33).  Diagnosis Code-4**
>               Data field name - Diagnosis_Code_4

| | |
|---|---|
| **Description:** | An ICD-9 Diagnosis Code identifying a diagnosed medical condition resulting in a service. |
| **Required?:** | Optional |
| **Error Action:** | If invalid, General Error reported and field set to "00000" in database. |
| **Valid Codes:** | A valid ICD-9 code, decimal points may be included, '00000', blank, or null. |


**Section – LX** – Service Line / Line Counter  -  loop 2400
Once per 2400 loop - loop 2400 may occur up to 50 times

| HIPAA/NSF Reference Designator | Data Element Name | Requirement Designator | Type | Min/ Max Length | Comments |
|---|---|---|---|---|---|
| | Record ID | M | X | 2/2 | "LX" |
| | Element Separator | M | X | 1/1 | must match character in col 4 of ISA |
| LX01 / FA0-4 | Assigned Number | M | N0 | 1/6 | Begin with 1 and increment by 1 |
| | Segment / Record Terminator | M | X | 1/1 | Must match character in col 106 of ISA |

Example:
LX*1~

**Section – SV1** – Professional Service Information  -  loop 2400
once for each LX record

| HIPAA/NSF Reference Designator | Data Element Name | Requirement Designator | Type | Min/ Max Length | Comments |
|---|---|---|---|---|---|
|  | Record ID | M | X | 3/3 | "SV1" |
|  | Element Separator | M | X | 1/1 | must match character in col 4 of ISA |
| SV101(1) | Service ID Qualifier | M | ID | 2/2 | use "HC" = HCPCS Code |
| SV101(2) / *FA0-9* | Service Code | M | AN | 1/48 | *HCPCS code* |
| SV102 / FA0-13 | Line Item Charge | O | R | 1/18 | This format MUST include the decimal. NOTE: this field is not used by DMHMRS |
| SV103 | Unit of Measurement | M | ID | 2/2 | use "UN" = unit |
| SV104 / *FA0-18* | *Quantity / Units of Service* | X | R | 1/15 | This format MUST include the decimal (if needed) |
| SV105 / *FA0-7* | *Place of Service* | M | AN | 1/2 | see below |
| SV106 | Not used |  |  |  |  |
| SV107(1) / FA0-14 | ~~Diagnosis Code Pointer #1~~ Not used | M | N0 | 1/2 | only codes "1" thru "4" are acceptable; no longer used by DMHMRS |
| SV107(2) / FA0-15 | ~~Diagnosis Code Pointer #2~~ Not used | O | N0 | 1/2 | no longer used by DMHMRS |
| SV107(3) / FA0-16 | ~~Diagnosis Code Pointer #3~~ Not used | O | N0 | 1/2 | no longer used by DMHMRS |
| SV107(3) / FA0-17 | ~~Diagnosis Code Pointer #4~~ Not used | O | N0 | 1/2 | no longer used by DMHMRS |
| SV108-21 | Not used |  |  |  |  |
|  | Segment / Record Terminator | M | X | 1/1 | Must match character in col 106 of ISA |

Example:
SV1*HC:90899*UN*1.0*53*1:2~

## SV101(2) (FA0-09).  HCPCS Procedure Code
Data field name - HCPCS_Procedure_Code

**Description:**    This is the HCPCS/CPT-4 code or Medicaid service code (X-code) that describes the service.
**Required?:**    Yes
**Error Action:**    If this field does not meet the criteria listed below, it is considered a General Error.

**Valid Codes:**    If the Payer (SBR09 (DA0-5)) = "Y", this field can equal field NTE02 (FA0-12) DMHMRS Modifier 1, can be blank, or can be any valid HCPCS/CPT code.
If the Payer = "D" (Medicaid), this field must contain a valid Medicaid code (see Appendix E).
If the Payer is neither "Y" nor "D", this field must contain a valid HCPCS/CPT code (see Appendix D).

## SV104 (FA0-18).  Units of Service
Data field name - Units_of_Svc

**Description:**    The number of services rendered in Units of Service appropriate to the service provided (see Appendix E).
**Required?:**    Yes
**Error Action:**    General Error reported.  Field set to '000.0' in database.

**Valid Codes:**    000.1-999.9
Although this HIPAA format will allow larger numbers, due to limitations in the RDMC data set, the Units of Service cannot exceed 999.9

**Special Instructions:** In order to capture fractional services, include the decimal as needed. (per HIPAA guidelines)

## SV105 (FA0-07).  Place of Service
Data field name - Place_of_Svc

**Description:**     The code that identifies <u>where</u> the service was performed.
**Required?:**      Yes
**Error Action:**    If invalid or null, field set to 98 in database and general error reported.

**Valid Codes:**
| Code | Description |
|------|-------------|
| 11 | Office |
| 12 | Home |
| 21 | Inpatient Hospital |
| 22 | Outpatient Hospital |
| 23 | Emergency Room - Hospital |
| 24 | Ambulatory Surgical Center |
| 25 | Birthing Center |
| 26 | Military Treatment Facility |
| 31 | Skilled Nursing Facility |
| 32 | Nursing Facility |
| 33 | Custodial Care Facility |
| 34 | Hospice |
| *35 | Group Home              \ |
| *36 | Staffed Residence         \ |
| *37 | Family Home                  > use code 12 instead |
| *38 | Personal Care Home      / |
| *39 | Foster Care                  / |
| 41 | Ambulance - Land |
| 42 | Ambulance - Air or Water |
| *50 | Federally Qualified Health Center        > use code 99 instead |
| 51 | Inpatient Psychiatric Facility |
| 52 | Psychiatric Facility Partial Hospitalization |
| 53 | Community Mental Health Center |
| 54 | Intermediate Care Facility/Mentally Retarded |
| 55 | Residential Substance Abuse Treatment Facility |
| 56 | Psychiatric Residential Treatment Center |
| 61 | Comprehensive Inpatient Rehabilitation Facility |
| 62 | Comprehensive Outpatient Rehabilitation Facility |
| 65 | End Stage Renal Disease Treatment Facility |
| 71 | State or Local Public Health Clinic |
| 72 | Rural Health Clinic |
| 81 | Independent Laboratory |
| 98 | Unknown / Not Collected (this should rarely be used) |
| 99 | Other Unlisted Facility |

* - indicates codes that are NOT valid HIPAA codes

**Section – DTP** – Service Date  -  loop 2400
once for each SV1 record

| HIPAA/NSF Reference Designator | Data Element Name | Requirement Designator | Type | Min/ Max Length | Comments |
|---|---|---|---|---|---|
| | Record ID | M | X | 3/3 | "DTP" |
| | Element Separator | M | X | 1/1 | must match character in col 4 of ISA |
| DTP01 | Date/Time Qualifier | M | ID | 3/3 | use "472" = ~~discharge~~ service dates |
| DTP02 | Date/Time Format Qualifier | M | ID | 2/3 | "RD8" |
| DTP03 / *FA0-5* & 6 | ***Service From* & To *Date*** | M | AN | 1/35 | YYYYMMDD-YYYYMMDD format.  NOTE: dates are separated by a dash. |
| | Segment / Record Terminator | M | X | 1/1 | Must match character in col 106 of ISA |

Example:
DTP*472*RD8*20020531-20020601~

## DTP03 (FA0-05/ FA0-06).  Service From & To Dates
Data field name - Svc_From_Date  //  Svc_To_Date

**Description:**  The date the service was initiated and extends through.
**Required?:**  Service From Date IS required, Service To Date is not used
**Error Action:**  If Service From Date is invalid, before 7/1/1997 or greater than the last day of the reporting month, Fatal error reported, field set to null in database.
Service To Date is optional, however if reported, and it is an invalid date or before the Service From Date, General Error reported, field set to null in database.

**Valid Codes:**  Valid dates in the format YYYYMMDD, separated by a dash ( - ).

**Section – NTE** – Line Item Note  -  loop 2400
once for each SV1 record

| HIPAA/NSF Reference Designator | Data Element Name | Requirement Designator | Type | Min/ Max Length | Comments |
|---|---|---|---|---|---|
| | Record ID | M | X | 3/3 | "NTE" |
| | Element Separator | M | X | 1/1 | must match character in col 4 of ISA |
| NTE01 | Reference Code | O | ID | 3/3 | use "ADD" = Additional Info |
| NTE02 / | Delimit by position | | | | see applicable NSF field definitions |
| *DA0-5* & | ***MHMR Indicator-Src of Pay*** | M | X | 1/1 | "1" = MHMR (Y); "0" = not MHMR |
| *DA0-6* & | ***Ins Type(Ins Type Code)*** | M | X | 2/2 | see below |
| *EA0-41* & | ***Spec Pgm Ind*** | M | X | 3/3 | 1/2/3/4 = MH/MR/Alc/Drug |
| *FA0-12* & | ***DMHMR Modifier 1*** | M | X | 3/3 | see Appendix E |
| FA0-36 & | DMHMR Modifier 2 | M | X | 3/3 | no longer needed |
| *CA0-28* & | ***Provider ID #*** | M | X | 6/6 | see Providers list |
| *FA0-23* | ***Rendering Prof ID #*** | M | X | 15/15 | see HR table |
| | Segment / Record Terminator | M | X | 1/1 | Must match character in col 106 of ISA |

Example:
NTE*ADD*100331034000150520 5581~

| | |
|---|---|
| 1 | MHMR Indicator |
| 00 | Ins Type Code |
| 331 | Spec Pgm Ind (only last 2 positions used) |
| 034 | DMHMRS Modifier 1 (only last 2 positions used) |
| 000 | not used, MUST fill spaces |
| 150520 | Provider ID # |
| 5581 | Rendering Prof ID # |

### NTE02 - column 1 (DA0-05).  Source of Pay (Payer)
Data field name - Source_of_Pay_1

**Description:** a "1" in this position will override the SBR09 code and indicate the Payer is DMHMRS; otherwise, code "0" (zero) - **Do NOT skip**
**Required?:** Yes
**Error Action:** If the SBR09 code was not provided AND this code is NOT = 1, then General error reported and field set to "8"

**Valid Codes:** **1 = DMHMRS**          **0 or space = not DMHMRS**


### NTE02 - columns 2-3 (DA0-06).  Insurance Type Code
Data field name - Insure_Type_Code

**Description:** Identifies the type of insurance (policy).
**Required?:** Yes, if field SBR09 (DA0-05) (Payer) = D or Y.
**Error Action:** If field SBR09 (DA0-05) = D or Y and this field is invalid, General error reported and field set to 98 in database.

**Valid Codes:** The following codes may be used if SBR09 (DA0-05) (Payer) is "D" (Medicaid)

| | |
|---|---|
| 01 | Title XIX Fee for Service |
| 02 | IMPACT Plus |
| 03 | Supports for Community Living |
| 04 | Acquired Brain Injury |
| 05 | Substance Abuse Pregnant Women |
| 06 | KCHIP |
| 99 | Other |

The following codes may be used if NTE02 - column 1 (DA0-05) is "1" (DMHMRS)

| | |
|---|---|
| 01 | IFBSS |
| 99 | Other |
| OT | Other |


### NTE02 - columns 4-6 (EA0-41).  Special Program Indicator / Program Code
Data field name - Special_Program_Ind

**Description:** A code indicating the Special Program under which the services rendered to the patient were performed.
**Required?:** Yes
**Error Action:** Invalid or blanks generate General Error.  Field is set to 98 in database.

**Valid Codes:**

<u>HIPAA</u>      <u>Mental Health</u>  (any code beginning with "1" is a MH code)

| HIPAA | | |
|---|---|---|
| 110 | 10 | Sexual/Domestic Violence Victim |
| 111 | 11 | Sexual/Domestic Violence Perpetrator |
| 112 | 12 | Adult with SMI (Severe or Chronic mental illness) |
| 113 | 13 | Other Adult |
| 114 | 14 | IMPACT Children |
| 115 | 15 | Other SED Children |
| 116 | 16 | Other Children |
| 117 | 17 | Consultation and Education |
| 100 | 19 | General MH code (allows conversion from 3-digit coding in HIPAA format) |

<u>Mental Retardation</u>  (any code beginning with "2" is a MR code)

| 220 | 20 | All |
| 221 | 21 | Early Intervention |
| 200 | 29 | General MR code (allows conversion from 3-digit coding in HIPAA format) |

Alcohol  (any code beginning with "3" or "4" is a SA code)

| 330 | 30 | Pregnant Women/Women with Dependent Children |
| 331 | 31 | DUI |
| 332 | 32 | Other Alcohol |
| | ~~33~~ | Deleted in 2001 |
| 300 | 39 | General Alcohol code (allows conversion from 3-digit coding in HIPAA format) |

Drug  (any code beginning with "3" or "4" is a SA code)

| 440 | 40 | Pregnant Women/Women with Dependent Children |
| 441 | 41 | DUI |
| 442 | 42 | Other Drug |
| | ~~43~~ | Deleted in 2001 |
| 400 | 49 | General Drug code (allows conversion from 3-digit coding in HIPAA format) |

| 998 | 98 | Other/Unknown (This should rarely be used) |

## NTE02 - columns 7-9 (FA0-12).  DMHMRS Modifier 1 (Service / Procedure)
Data field name - DMHMRS_Modifier_1

**Description:** This code identifies the first DMHMR modifier for this service.  See Appendix E for full Modifier Descriptions.
**Required?:** Yes
**Error Action:** If the Payer (SBR09 (DA0-5)) = "Y" and this field is invalid, it is a Fatal Error.  If the Payer is not "Y" and this field is invalid, it is a General Error, the service is rejected and field set to 98.

NOTE:  RDMC will only utilize the last two positions of the NTE02 - columns 7-9 (FA0-12)

**Valid Codes:**
| 001 | Diagnostic Interview |
| 002 | Intensive In-Home |
| 003 | Assessment DUI |
| 004 | PASRR – Level II Evaluation |
| ~~005~~ | ~~Assessment PASRR – Subsequent Review~~ – deleted FY2002 |
| 006 | Consultation PASRR |
| | |
| 010 | Psychiatric Diagnostic Evaluation (may be conducted by ARPNs) |
| 011 | Medical Evaluation |
| 012 | Psychiatric Evaluation of Records |
| 013 | Psychiatric Report Preparation |
| | |
| 020 | Psychological Testing |
| 021 | Specialized Evaluation and Consultation (IFBSS) |
| 022 | Intervention Services (IFBSS - "Family Support Service") |
| 023 | Intervention Services (IFBSS - "Overnight Care") |
| 024* | Miscellaneous Services Purchased |
| 025* | Miscellaneous Goods Purchased |
| ~~026~~ | ~~Therapeutic Child Support~~ – deleted FY2002 |
| 027 | Therapeutic Foster Family Treatment |
| 028 | Therapeutic Rehabilitation Services (Children – Day Treatment) |
| 029 | Therapeutic Rehabilitation Services (Children – After School Program) |
| 030 | Therapeutic Rehabilitation Services (Adults) |
| 031 | Respite Care  ~~– Hourly~~  changed FY2003 |
| ~~032~~ | ~~Respite Care – Daily~~ – deleted FY2003 |
| ~~033~~ | ~~Community Supports~~ – deleted FY2001 |
| 034 | SA Transitional |
| 035 | SA Residential |

|      |                                                                    |
|------|--------------------------------------------------------------------|
| 036  | SA Family Residential                                              |
| 037  | Specialized Personal Care Home Services                           |
| 038  | Residential Crisis Stabilization – Adult (CSU)                    |
| 039  | Residential Crisis Stabilization – Child and Adolescent (CSU)    |
| 040  | Residential Support                                               |
| 041  | Detoxification (Non-Medical)                                      |
| 042  | Detoxification (Medical)                                          |
| 043  | Supported Housing                                                 |
| 044  | SA Family Transitional – new FY2003                              |
|      |                                                                    |
| 050  | Individual Therapy                                               |
| 051  | Individual Therapy (Psychiatrist)                                |
| 052  | Group Therapy                                                     |
| 053  | Intensive Outpatient SA                                           |
| 054  | Intensive Outpatient MH                                           |
|      |                                                                    |
| 060  | Case Management Services Adult MH (SMI)                          |
| 061  | Case Management Services Children MH (SED)                       |
| 062  | Support Coordination - MR (formally Case Mgmt MR)               |
| 063  | Case Management Services SA                                       |
| 064  | ~~SA Pregnant Women Services NOS~~ - deleted FY2001            |
|      |                                                                    |
| 070  | DUI Education Services                                            |
| 071  | ~~Consultation & Education~~ – deleted FY2003                 |
| 072  | MH Prevention                                                    |
| 073  | Consultation (New FY2003)                                        |
| 074  | Outreach and Education - New FY2003                              |
|      |                                                                    |
| 077  | MR Adult Foster Care Home Residential Supports - new FY2004      |
| 078  | ~~MR~~ Pre-Vocational Services                                 |
| 079  | Community Living Supports                                         |
| 080  | Social Club (Drop-in)                                            |
| 081  | Community Habilitation Services                                   |
| 082  | In-Home Support                                                  |
| 083  | Early Intervention/First Steps (KEIS)                           |
| 084  | Behavior Support                                                 |
| 085  | Supported Employment (MH/MR)                                     |
| 086  | Leisure                                                          |
| 087  | Occupational Therapy                                            |
| 088  | Physical Therapy                                                |
| 089  | Speech Therapy                                                  |
| 090  | PASRR Specialized Services                                      |
| 091  | MR Crisis and Prevention                                        |
| 092  | ~~MR Individual Supports~~ – deleted FY2003                   |
| 093  | MR Residential Supports *- **to be deleted in FY 2006***       |
| 094  | PASRR Specialized Goods Purchased – new FY2003                   |
| 095  | MR Group Home Residential Supports - new FY2004                  |
| 096  | MR Family Home Residential Supports - new FY2004                 |
| 097  | MR Staffed Residence Residential Supports - new FY2004           |
| 098  | Unknown / Not Collected (should not be used)                    |
| 099  | Other Non-DMHMRS service specified in ~~FA0-9~~ SV101(2)        |

\* Codes 24 and 25 may use a Pseudo-Client (Client Status Code '3' in Client Data Set field 6)


## NTE02 - columns 10-12 (FA0-36).  DMHMRS Modifier 2
                    Data field name - DMHMRS_Modifier_2

Although this data is no longer needed, you **MUST** use 3 zeros or spaces as place-holders or the remaining fields will not be read correctly.

**Valid Code:**     000


## NTE02 - columns 13-18 (CA0-28).  Provider Number / ID
                        Data field name - Provider_No

**Description:**        Most of the time, a Provider designates a specific address where services are performed.
                        However, there may be several 'Providers' at the same address when multiple programs are
                        housed at that address and the Regions want to use the Provider Site ID as a method to
                        separate the services.  Also, some services may be performed at homes, schools, courts or
                        other non-regional sites.  A Provider Site ID may be established to help identify a specific
                        service and the address used may be the 'home' address of the service or the staff member
                        providing the service. See Appendix A.
**Required?:**          Yes
**Error Action:**       1.  If Client Field 6 – Client Status Code = 1, Fatal, reject claim.
                        2.  If Client Field 6 – Client Status Code = 2, General Error reported, code changed to 999998 in
                        database.

**Valid Codes:**        Provider NO must be within the reporting Region.  See Appendix A


## NTE02 - columns 19-33 (FA0-23).  Rendering Professional ID (Staff ID)
                        Data field name - Rendering_Professional_ID

**Description:**        Professional identifier assigned by center.  This is the same number provided in the Human
                        Resources data set.
**Required?:**          Yes
**Valid Codes:**        Professional ID on record in the Human Resources data set for the Reporting Region.  Up to 15
                        alpha-numeric characters   **"999999"** = Not a direct employee of the center

**Error Action:**       General Error reported.  Field set to '000000000000000' in database.


Example:
NTE*ADD*1003310340001505205581~
                1                           MHMR Indicator
              00                            Ins Type Code
                331                         Spec Pgm Ind (only last 2 positions used)
                    034                     DMHMRS Modifier 1 (only last 2 positions used)
                        000                 not used, MUST fill spaces
                            150520          Provider ID #
                                5581        Rendering Prof ID #

**Section – SE** - Transaction Set Trailer
once for each ST record

| HIPAA/NSF Reference Designator | Data Element Name | Requirement Designator | Type | Min/ Max Length | Comments |
|---|---|---|---|---|---|
| | Record ID | M | X | 2/2 | "SE" |
| | Element Separator | M | X | 1/1 | must match character in col 4 of ISA |
| SE01 | Number of Included Segments | M | N0 | 1/10 | number of records / segments in transaction set, **including** ST and SE |
| SE02 / AA0-5 | Transaction Set Control Number | M | AN | 4/9 | must match ST02 |
| | Segment / Record Terminator | M | X | 1/1 | Must match character in col 106 of ISA |

Example:
SE*99*0001~


**Section – GE -** Functional Group Trailer
Once per submission

| HIPAA Reference Designator | Data Element Name | Requirement Designator | Type | Min/ Max Length | Comments |
|---|---|---|---|---|---|
| | Record ID | M | X | 2/2 | "GE" |
| | Element Separator | M | X | 1/1 | must match character in col 4 of ISA |
| GE01 | Number of Transaction Sets included | M | N0 | 1/6 | |
| GE02 | Group Control Number | M | N0 | 1/9 | Must match GS06 |
| | Segment / Record Terminator | M | X | 1/1 | Must match character in col 106 of ISA |

Example:
GE*22*15~


**Section – IEA** - Interchange Control Trailer
once per submission

| HIPAA Reference Designator | Data Element Name | Requirement Designator | Type | Min/ Max Length | Comments |
|---|---|---|---|---|---|
| | Record ID | M | X | 3/3 | "IEA" |
| | Element Separator | M | X | 1/1 | must match character in col 4 of ISA |
| IEA01 | Number of Included Functional Groups | M | N0 | 1/5 | Count of the number of GS/GE groups |
| IEA02 | Interchange Control Number | M | N0 | 9/9 | must match ISA13 |
| | Segment / Record Terminator | M | X | 1/1 | Must match character in col 106 of ISA |

Example:
IEA*14*150207010~

**HIPAA Data Stream Example**
**any additional HIPAA records submitted will be IGNORED by the editor program**
see NOTES at bottom of example


ISA*00*        *00*        *30*610123456    *30*616001218    *020831*1000 *con't*
*U*00401*150207010*1*P*:~
GS*HC*610123456    *616001218    *20020831*1000*X*00401X098~
ST*837*0001~

/*  This is the start of the Client loop 2000B */

SBR*P*18*254******ZZ~
NM1*IL*1*A*B****MI*G12X3L789~

/*  This is the start of the Claim loop 2200  */

CLM*G12X3L789~
HI*BK:79999*BF:30001~

/*  This is the start of a Services loop 2400  */

LX*1~
SV1*HC:90899*UN*1.0*53*1:4~
DTP*472*RD8*20020531-20020601~
NTE*ADD*1003310340001505205581~

LX*2~
SV1*HC:90804*UN*4.0*53*1~
DTP*472*RD8*20020517-20020517~
NTE*ADD*1013320440981505204567~

LX*3~
SV1*HC:X0050*UN*0.25*99*2~
DTP*472*RD8*20020501-20020501~
NTE*ADD*1993300700011505205001~

/*  This is the end of the first Services loop  */
/*  This is the end of the first Claim loop  */

/*  This is the start of the second Claim loop  */

CLM*A12B3C456~
HI*BK:29383~


/*  This is the start of a Services loop for the second Claim  */

LX*1~
SV1*HC:04*UN*2.0*53*1~
DTP*472*RD8*20020522-20020522~
NTE*ADD*003113036   1598705581~

LX*2~
SV1*HC:50*UN*0.5*53*1~
DTP*472*RD8*20020524-20020524~
NTE*ADD*003113036   1598704567~

/*  This is the end of the Services loop for the second Claim  */

/* This is the end of the second Claim loop */
/* This is the end of the first Client loop */

/* This is the start of a second Client loop */

SBR*P*18*254******ZZ~
NM1*IL*1*C*D****MI*B23C4D567~

/* This is the start of a Claim loop for the second Client */

CLM*B23C4D567~
HI*BK:30000*BF:30090~

/* This is the start of a Services loop for the second Client */

LX*1~
SV1*HC:X0150*UN*1.0*11*1~
DTP*472*RD8*20020521-20020521~
NTE*ADD*001220078006150024545 4~

/* This is the end of the Services loop for the second Client */
/* This is the end of the Claim loop for the second Client */
/* This is the end of the second Client loop */

SE*9999*0001~
GE*22*15~
IEA*14*150207010~

/* This is the end of the submission */


NOTES:
1. We are NOT HIPPA experts.
2. Only records of interest to DMHMRS (RDMC) are included in this example (i.e. the ones that contain data that will be loaded into the Event data set).  All other records will be ignored by RDMC.
3. I have left off any fields we do not edit check as any effort expended in providing that information would be wasted since we do not edit, retain or use those fields.
4. Everything between /* and */ is a comment and NOT part of the data stream.